

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004451

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 71

FILED JAN 25 1963

1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Glasgow Village</u>		c. CITY OR TOWN <u>Glasgow Village</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>458 Cameron</u>		d. STREET ADDRESS (If outside, give location) <u>458 Cameron</u>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Ferguson</u> Last <u>Ferguson</u>		4. DATE OF DEATH Month <u>1</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-4-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Material Inspector</u>		11. BIRTHPLACE (City and state or country) <u>ST. Louis, Mo</u>	
13a. FATHER'S NAME <u>FRANK Ferguson</u>		14. NAME OF HUSBAND OR WIFE <u>ANN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Ann Ferguson</u>	
18. CAUSE OF DEATH (Enter only one cause or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Emphysema and Bronchitis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> <u>2 mos.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Arteriosclerosis + Dementia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:15</u> a.m. <u>11:15</u> p.m. <u>11:15</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>ST. Louis</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>Dec. 1956</u> to <u>1-4-63</u> and last saw <u>her</u> alive on <u>1-4-63</u> Death occurred at <u>11:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Norman L. James, M.D.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-10-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul</u>		23d. LOCATION (City, town, or county) <u>ST. Louis Mo</u>	
24. FUNERAL DIRECTOR <u>O'SULLIVAN-MUCKLE-KRON MORTUARY</u>		25. DATE RECD. BY LOCAL REG. <u>1-9-63</u>	
26. REGISTRAR'S SIGNATURE <u>John M. Muffly, M.D.</u>		22c. DATE SIGNED <u>1/8/63</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

Norman James
8321 91st Broadway -
Ev 3 1112
1-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Albert Mayfield

Licensed Embalmer No.

5077

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.